

Governance Committee

Cannon Health ~ 431

Chair: David Patton, Gary Edwards

Present: Gary Edwards, David Patton, Lewis Garrett, Teresa Garrett, Marc Babitz, Lloyd Berentzen (for Dave Cunningham), Robert Rolfs

1. Minutes approved with changes

a. Motion to approve the minutes with changes:

- i. **Motion:** Teresa Garrett
- ii. **2nd:** Marc Babitz
- iii. **Vote Yes:** Gary Edwards, David Patton, Lewis Garrett, Teresa Garrett, Marc Babitz, Lloyd Berentzen

1. Changes:

- a. Add Nan Streeter to the minutes – voting for Marc Babitz
- b. Correct all votes

2. Bylaws Changes

- a. Motion to change the bylaws in Article IV to reflect the change regarding the co-chair of the meeting and the schedule (four month period).
 - i. **Motion:** Lewis Garrett
 - ii. **2nd:** David Patton
 - iii. **Vote Yes:** David Patton, Gary Edwards, Teresa Garrett, Lewis Garrett, Marc Babitz, Lloyd Berentzen

3. Grant Reviews:

Utah Basic Implementation of Heart Disease and Stroke: Nicole Bissonette

- a. Have not received guidance yet for the next grant cycle
 - i. Have 4 weeks from the time the guidance is received to submit
- b. General Guidance (2007) for Basic Implementation states
 - i. Utah is a Basic Implementation state
 - ii. Enhance all capacity-building program activities
 - iii. Implement and evaluate policy, environmental, and educational interventions in health care sites, work sites, and communities.

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- iv. Provide training and technical assistance to public health and health care professionals and partners to support primary and secondary heart disease and stroke prevention.
- c. Current CDC guidance
 - i. ABCSS
 - ii. Million Hearts
 - iii. Additional
 - 1. 3 Core Indicators: Blood Pressure, Cholesterol, Improving Emergency Response
 - 2. Indicators
 - a. Outcome indicators for controlling high cholesterol
 - b. Outcome indicators for controlling high blood pressure
 - c. Outcome indicators for policy and systems change: improving emergency response
 - iv. Have been given a 1 year extension to complete the activity currently being worked on.
 - v. 80% of more of the funds and efforts have to be dedicated to the ABCSS
 - vi. CDC is hoping to do a competitive FOA in the future.
- d. Coordinated FOA for 2013 (Cancer, Diabetes, Arthritis, Other?)
 - i. Projects for 2012
 - 1. Aspirin
 - a. Nothing at this point
 - 2. Blood Pressure & Cholesterol
 - a. Blood Pressure media awareness
 - 3. Smoking
 - a. Coordinating with TPCP on HI project
 - 4. Sodium
 - a. NSRI member
 - b. Food Bank Project – policy

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- c. Small amount of awareness
- 5. Other - Less than 20% of efforts and funds
 - a. Stroke Transport Policy, Stroke Registry, AED project, Data Collection
- e. Budget
 - i. \$1,153,327 - \$948,227 (Federal), \$205,100 (State), Federal requires 1:5 match
 - ii. Contracts – 45%: 14 contracts
 - iii. Personnel – 25%: 5 (1.0FTE), 1 (.80FTE), 1(.75FTE), 1 (.20FTE), 1 (.05FTE)
 - iv. Fringe – 15%
 - v. Current Expenses – 9%
 - vi. Indirect – 5%
 - vii. Travel – 1%
- f. Questions:
 - i. Lewis: I don't see any meaningful local public health involvement considering the size of the grant. Is that because of the guidance being so clinically focused or have you had trouble finding projects you thought were appropriate with local health districts? Nicole: Yes I have trouble finding projects I think would work. I have sought some input at different times and not received any feedback, to be honest. I tried to see if people would be interested in working on the health stuff cause that seems like there is a possibility there and I think I had two people apply. I guess it is finding a project that would work. Our direction is clinical work at the highest level possible. I guess we need to brainstorm some ways that would work, cause it can't be direct services, it has to be clinical quality improvement.
 - ii. How can LHDs be part of the writing process? The next one will be a coordinated grant so it will require more input for all those areas. Recommendation to Nicole that as soon as they know anything about how this process will go they can start thinking about a group to come together.
- g. Calendar an update for these programs in June:
 - i. Heart, PANO, Arthritis, CTG, Cancer, Asthma
- h. Motion to approve the one year continuation grant
 - i. **Motion:** Lewis Garrett

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- ii. **2nd:** Marc Babitz
- iii. **Vote Yes:** Gary Edwards, David Patton, Lewis Garrett, Teresa Garrett, Marc Babitz, Lloyd Berentzen

Aspirin Therapy Project:

- a. Davis County is currently working on an Aspirin Therapy Use project with medical provider
- b. Struggling with a way to measure a baseline for those that should be taking an aspirin regimen daily how many actually are
- c. Could be some interest at LHDs to participate in this activity
- a. Motion for locals to meet with UDOH to talk about possible projects to work on (UALHO will address this issue in Moab)
- iv. **Motion:** Lewis Garrett
- v. **2nd:** Gary Edwards
- vi. **Vote Yes:** Gary Edwards, David Patton, Lewis Garrett, Teresa Garrett, Marc Babitz, Lloyd Berentzen

Arthritis ~ Nathan Peterson

- a. 4th and concluding year
- b. Next round it will be competitive. They only cover 12 states.
- c. The new FOA will be coming out any day.
 - i. Will have 60 days to submit.
 - ii. Will notify awardees in June.
 - iii. Assume the new FOA will include: list of approved interventions allowed to implement
 - iv. Question will be funding level
- d. Questions:
 - i. Bob: Is Utah making a difference with this program? Nathan: I would say yes. CDC Arthritis I think has the same sustainability definition of everybody else. In terms of our sustainability approaches CDC would love for us to have it naturally integrated into Health Systems. We've approached just about everyone, but most of the time it just doesn't fly. We have to look at other implementation

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partners to make it work. Overall we have been successful in that regard. We have been successful.

- ii. Lewis: How many people are in these self management plans? Active participants? Nathan: We've reached about 5000 people. Active participants.
 - iii. David: How do you get the program to carry on and get other people to pick it up? Nathan: Presenting the evidence to them and finding a fit within their agency.
 - iv. Lewis: If LHDs wanted to set up these Stanford based programs and offer them to the systems in the state to refer their patients over. Would there be anything in there that would prohibit a cost recovery fee for the participants or from systems to pay for that? Nathan: Like a reimbursement? Lewis: Yes, if we were going to gear up and do these like AAA, but you fund it. Nathan: We approached PHP, the medical director and another person; it did not pan out at this time. In terms of other states they have done some implementation; Washington State has been one, Oregon is close. Truthfully it has not transpired effectively in terms of agencies actually utilizing tapping into that resource for reimbursement, it has to do with a waiver.
 - v. Bob: Is there a business case that would be presentable to an employer? Nathan: National Association Chronic Disease director working with one of my staff to develop a business model.
- e. Outcomes:
- i. Both Salt Lake and Weber-Morgan are tracking diabetes outcomes.
 - ii. Will take another 6-12 months to get those outcomes back and get them to the next level.
 - 1. Larry Hancock (IHC) is interested in promoting the Chronic Disease self management with their providers
- f. Next Funding cycle:
- i. Wait to see what the FOA says to see what approach we take

4. Website Grant Review

- a. Infants and Toddlers with disabilities Needs Review ~ Susan Ord, Marc Babitz
 - i. **Motion to approve:** Lloyd Berentzen
 - ii. **2nd:** Gary Edwards

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- iii. **Vote Yes:** Gary Edwards, David Patton, Lewis Garrett, Teresa Garrett, Marc Babitz, Lloyd Berentzen

b. Nutrition, Physical Activity and Obesity program, needs review, Rebecca Fronberg/Teresa Garrett

- i. Funding for year four of five
- ii. 416,316.00 total
- iii. 80 or 90,000 cut from their original
- iv. The next funding cycle will be competitive
 - 1. May or may not happen independently
 - 2. The next cycle may be wrapped in to the coordinated grant.
- v. **Motion to approve:** Lloyd Berentzen
- vi. **2nd:** Marc Babitz
- vii. **Vote Yes:** Gary Edwards, David Patton, Lewis Garrett, Teresa Garrett, Marc Babitz, Lloyd Berentzen

5. Immunization Issues, Teresa Garrett for Linda Able

- a. There are 3 focus areas Linda needs help with regarding the Immunizations grant
 - i. Perinatal Hepatitis B
 - ii. CDC Protocol
 - iii. Goals for next grant cycle
- b. Linda would like a committee appointed from Governance, Perinatal coordinators, Epidemiologists from Bear River, Davis, Utah, and Salt Lake.
 - i. Lewis will talk to Brian, Lloyd will talk to LaPriel, Gary will talk to Debbie Dean
 - ii. Teresa will send it out through the 'system'
 - iii. Bring this item up at LHO meeting as well as a reminder

6. Next meeting: 3/5/2012, Agenda Items

- a. Grants

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